
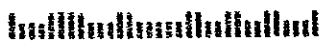


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER <b>515-249</b>	2. PERIOD COVERED MO DAY YEAR From <b>01 01 2000</b> Through <b>12 31 2000</b>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name Last Name P.O. Box • Building and Room Number (if any) Number and Street City State ZIP Code + 4		
HENRY TAMARIN (2) 515-249 HOTEL EMPL, RESTAURANT EMPL AFL-CIO 130 LU 100 321 W 44TH STREET NEW YORK, NY 10036 12/2000 			
4. AFFILIATION OR ORGANIZATION NAME <b>Hotel Employees &amp; Restaurant Employees International Union</b>			
5. DESIGNATION (Local, Lodge, etc.) <b>LOCAL</b>		6. DESIGNATION NUMBER <b>100</b>	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number	Beneficial Owner of HEREIU 100 Corp & 760 Building Corp (Dissolved during 2000)
10	HEREIU 100 Realty Holds lease on Union Headquarters
11	HERE Int'l Welfare & Pension Funds
	HERE LOCAL 100 Vacation Fund
14	Coltin Baddish & Shapiro, CPAs P.C.
24	A) Union is contingently liable on \$100,000 letter of Credit Re: HEREIU 100 REALTY CORP B) See memo Attached.

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>Henry Tamarin</u>	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>[Signature]</u>	TREASURER (If other title, see instructions.)
<u>5 115 1260 (212) 541-4226</u>	Date	<u>5 117 101 (212) 541-4226</u>	Date
	Telephone Number		Telephone Number

## During the Reporting Period Did Your Organization:

- |  | Yes                                 | No                       |
|--|-------------------------------------|--------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period?

5467

19. What is the date of your organization's next regular election of officers?

MO YEAR  
05 2003

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$

200000

21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 37.50/33.50/15 per Month (Month, Year, etc.)
(b) Initiation Fees	\$ 50
(c) Transfer Fees	\$
(d) Work Permits	\$ .25 per Month (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes No  
☐ ☒

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? .....

☒

24. Did your organization have any contingent liabilities at the end of the reporting period? .....

☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 515-249

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash .....		181783	323308
	26. Accounts Receivable .....			
	27. Loans Receivable .....	1	40915	43021
	28. U.S. Treasury Securities .....			
	29. Investments .....	2		
	30. Fixed Assets .....	5	3082	7800
	31. Other Assets .....	3		
	32. TOTAL ASSETS .....		225780	374129

LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			
	33. Accounts Payable .....			
	34. Loans Payable .....	8		
	35. Mortgages Payable .....			
	36. Other Liabilities .....	4	6000	0
	37. TOTAL LIABILITIES .....		6000	0
	38. NET ASSETS (Item 32 less Item 37) .....		219780	374129

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 515-249

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues .....		2302651	56. To Officers .....	9	476
40. Per Capita Tax .....			57. To Employees .....	10	605570
41. Fees .....		302	58. Per Capita Tax .....		697039
42. Fines .....			59. Fees, Fines, Assessments, etc. ....		10000
43. Assessments .....			60. Office & Administrative Expense ....	13	342027
44. Work Permits .....			61. Educational & Publicity Expense ...		3090
45. Sale of Supplies .....			62. Professional Fees .....		204028
46. Interest .....		7560	63. Benefits .....	11	186590
47. Dividends .....			64. Contributions, Gifts & Grants .....	12	1226
48. Rents .....			65. Supplies for Resale .....		
49. Sale of Investments & Fixed Assets .....	6		66. Direct Taxes .....		70614
50. Loans Obtained .....	8		67. Withholding Taxes .....		200356
51. Repayments of Loans Made .....	1	11838	68. Purchase of Investments & Fixed Assets .....	7	6530
52. On Behalf of Affiliates for Transmittal to Them .....			69. Loans Made .....	1	13944
53. From Members for Disbursement on Their Behalf .....			70. Repayment of Loans Obtained .....	8	
54. Other Receipts .....	14	195016	71. To Affiliates of Funds Collected on Their Behalf .....		
			72. On Behalf of Individual Members ...		
			73. Other Disbursements .....	15	34352
55. TOTAL RECEIPTS .....		2517367	74. TOTAL DISBURSEMENTS .....		2375842

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 515-249

Enter Amounts in Dollars Only — Do Not Enter Cents

## SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: 760 Building Corp Purpose: Working Capital Security: None Terms of Repayment: None	6000		6000		0
2. Name: H. Rivera (Employee) Purpose: Garnishment Security: N/A Terms of Repayment: Payroll Reduction	0	5838	5838		0
3. Name: 100 Realty Corp Purpose: Working Capital Security: None Terms of Repayment: None	34,915	8,106	0		43,021
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	40,915	13,944	11,838		43,021
Enter the Totals from Line 6 in ..... <div style="display: flex; justify-content: space-between; width: 100%;"> <span>↑ Item 27 Column (A)</span> <span>↑ Item 69</span> <span>↑ Item 51</span> <span>↑ Item 75 with Explanation</span> <span>↑ Item 27 Column (B)</span> </div>					

# **SCHEDULE 2 — INVESTMENTS** **(OTHER THAN U.S. TREASURY SECURITIES)**

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in _____ Item 29, Column (B)	

FILE NUMBER: 515-249

# **SCHEDULE 3 — OTHER ASSETS**

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in _____ Item 31, Column (B)	

# **SCHEDULE 4 — OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in _____ Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 515-249

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	227,696	219,896	7,800	7,800
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	227,696	219,896	7,800	7,800
Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)				

# SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales 0	
Enter the Total from Line 8 in ..... Item 49				

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 515-249

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Software	4,560	4,560	4,560
2. Cell Phones	1,970	1,970	1,970
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		6,530
Enter the Total from Line 8 in ..... <sup>↑</sup> Item 68			

# SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					0
Enter the Totals from Line 6 in ..... <sup>↑</sup> Item 34 ..... <sup>↑</sup> Item 50 ..... <sup>↑</sup> Item 70 ..... <sup>↑</sup> Item 75 ..... <sup>↑</sup> Item 34					
Column (C)			with Explanation		Column (D)



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 515-249

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>			Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*						
1. TAMARIN Title PRESIDENT	HENRY Status C		0	0	26	0	26
2. GRANFIELD Title SECTY-TREASURER	BILL Status C		0	0	450	0	450
3.							
4.							
5.							
6.							
7.							
8. Totals from additional pages (if any)							
9. Totals of Lines 1 through 8			0	0	476	0	476
10. Less Deductions							
Enter the Total from Line 11 in ..... Item 56 →			11. Net Disbursements 476				

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 515-249

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. DIAZ DENNIS Position ORGANIZER Name of Affiliated Organization	40170		4002		44172
2. DEMAND ROBERT Position LEAD ORGANIZER Name of Affiliated Organization	44786		602		45388
3. DE LA ROSA MIGUEL Position ORGANIZER Name of Affiliated Organization	35726		900		36626
4. FREID CLIFF Position ORGANIZER Name of Affiliated Organization	41805		7857		49662
5. GONZALES ULISES Position OFFICE CLERICAL Name of Affiliated Organization	32487		241		32728
6. Totals from additional pages (if any)	536,957	600	17,605		555,162
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	37,969		4,219		42,188
8. Totals of Lines 1 through 7	769,900	600	35,426		805,926
			9. Less Deductions		200356
Enter the Total from Line 10 in ..... Item 57 =>			10. Net Disbursements		605570


# **SCHEDULE 11 — BENEFITS**

FILE NUMBER: 515-249

Description (A)	To Whom Paid (B)	Amount (C)
1. Burial Benefit	Union Member	1,000
2. Retirement	Former Union Members	3,692
3. Health & Welfare	HEREIU Welfare Fund	109,608
4. Pension Contributions	HEREIU Pension Fund	70,460
5. Total from additional pages (if any) Cobra Benefit		1,830
6. Total of Lines 1 through 5		186,590
Enter the Total from Line 6 .....		Item 63

# **SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. Maryville Academy	125
2. Ruth M. Shapiro Cancer Fd.	100
3. United Farm Workers	250
4. Working Families Party	500
5. NYS Labor Religion Coalition	100
6. NYC Central Labor Council	100
7. NYC PAC	51
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1 226



Enter the Total from Line 8 in ..... Item 64

# **SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. Rent & Utilities	150,897
2. Telephone	38,478
3. Printing, Postage & Office	78,467
4. Insurance	13,922
5. Dues & Subscriptions	577
6. Equipment, leases, & maint	20,149
7. Total from additional pages (if any)	39,537
8. Total of Lines 1 through 7	342,027
Enter the Total from Line 8 in ..... Item 60	

**SCHEDULE 14 —  
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Int'l Union Subsidy	114,176
2. Intern Salary Reimb	4,500
3. Burial Benefits	1,000
4. Reimbursed Organizing	565
5. Refunds	81
6. From Loc. 100 Vacation Fd	8,367
7. From T60 Bldg. Corp	66,327
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	195016
Enter the Total from Line 17 in ..... Item 54	

**SCHEDULE 15 —  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. For T60 Bldg Corp	455
2. Buttons, Pins & Supplies	2,024
3. Meeting Expense	3,289
4. Flowers & Memorials	741
5. Balloons	274
6. Staff Retreat	2,357
7. Tickets & Ads	1,000
8. Interns	6,825
9. Parking	255
10. Newspaper Expense	480
11. Sundry	52
12. Labor Day Parade	119
13. Luncheons	896
14. Intern Housing	2,263
15. Booklets	985
16. Total from additional pages (if any)	12,337
17. Total of Lines 1 through 16	34352
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Totals						

ORGANIZATION NAME: HOTEL EMP. RESTAURANT EMP. AFL-CIO LU 100  
 ENDING DATE OF PERIOD COVERED: 12/31/00

FILE NUMBER: 515-249

PAGE 1 OF 4 ADDITIONAL PAGES

# **SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
<div> <div>Last Name</div> <div>LYNETT</div> <div>Position</div> <div>IN-HOUSE COUNSEL</div> <div>Name of Affiliated Organization</div> </div> <div> <div>First Name</div> <div>JOSEPH</div> </div>		19937		233		20170
<div> <div>Last Name</div> <div>MARTE</div> <div>Position</div> <div>ORGANIZER</div> <div>Name of Affiliated Organization</div> </div> <div> <div>First Name</div> <div>CESAR</div> </div>		34580		518		35098
<div> <div>Last Name</div> <div>MCGRATH</div> <div>Position</div> <div>ORGANIZER</div> <div>Name of Affiliated Organization</div> </div> <div> <div>First Name</div> <div>SIOBHAN</div> </div>		9926		158		10084
<div> <div>Last Name</div> <div>MANNING</div> <div>Position</div> <div>ORGANIZER</div> <div>Name of Affiliated Organization</div> </div> <div> <div>First Name</div> <div>REGINAL</div> </div>		14031		153		14184
<div> <div>Last Name</div> <div>MYHRE</div> <div>Position</div> <div>CLERICAL</div> <div>Name of Affiliated Organization</div> </div> <div> <div>First Name</div> <div>MARY</div> </div>		32117				32117
Totals		110,591		1,062		111,653

ORGANIZATION NAME:  
HOTEL EMPLOYEES REST & EMPLOYEES AFL-CIO LW100

ENDING DATE OF PERIOD COVERED: 12/31/00

FILE NUMBER: 515-249

PAGE 2 OF 4 ADDITIONAL PAGES

# **SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name MALDONADO	First Name JOSE	43671		3520		47191
Position LEAD ORGANIZER	Name of Affiliated Organization					
Last Name O'BRIEN	First Name DOROTHY	18531				18531
Position RECEPTIONIST	Name of Affiliated Organization					
Last Name PALACIOS	First Name GILBERT	32974		5405		38379
Position ORGANIZER	Name of Affiliated Organization					
Last Name PALACIOS	First Name ARSENIA	29776				29776
Position EXECUTIVE SECTY	Name of Affiliated Organization					
Last Name RIMMELIN	First Name MARGE	59352		1410		60762
Position OFFICE MANAGER	Name of Affiliated Organization					
Totals		184,304		10,335		194,639



ORGANIZATION NAME: Hotel Emp. Rest & Am. AFL-CIO W 100  
 ENDING DATE OF PERIOD COVERED: 12/31/00

FILE NUMBER: 515-249

PAGE 3 OF 4 ADDITIONAL PAGES

# **SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>	(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div>           RIVERA HERBERT MAINTENANCE         </div>		32123				32123
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div>           SOSA FERNAND ORGANIZER         </div>		15413		638		16051
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div>           SIERRA OSCAR DUES SUPERVISOR         </div>		21057				21057
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div>           SOSA-BAEZ LORENA ORGANIZER         </div>		30991	600	12178		33769
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div>           STEPHENS ERICA CLERICAL         </div>		27171				27171
Totals		126,755	600	2,816		130,171

ORGANIZATION NAME: HOTEL EMPLOYEES AFL-CIO LU100  
 ENDING DATE OF PERIOD COVERED: 12/31/00

FILE NUMBER: 515-249

PAGE 4 OF 4 ADDITIONAL PAGES

## SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: <u>SEWELL</u> First Name: <u>JAMIN</u> Position: <u>IN-HOUSE COUNSEL</u> Name of Affiliated Organization:	<u>20308</u>		<u>108</u>		<u>20416</u>
Last Name: <u>GALAN</u> First Name: <u>JUAN</u> Position: <u>ORGANIZER</u> Name of Affiliated Organization:	<u>29466</u>		<u>408</u>		<u>29874</u>
Last Name: <u>TRAVIS</u> First Name: <u>MICHELL</u> Position: <u>RESEARCH DEPT</u> Name of Affiliated Organization:	<u>36192</u>		<u>1031</u>		<u>37223</u>
Last Name: <u>WARD</u> First Name: <u>DARLIA</u> Position: <u>ORGANIZER</u> Name of Affiliated Organization:	<u>29341</u>		<u>1845</u>		<u>31186</u>
Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization:					
Totals	<u>115,307</u>		<u>3,392</u>		<u>118,699</u>

Initialed	Date
Approved by	
Prepared by	

Home Project, Restaurant Employees of AFL-CIO  
 Local Union #100  
 2000 - Lm-2  
 (FF-448)

1	2	3	6	7
1	SCABOUC	13, LINE 7		
2	OFFICE - ADMINISTRATIVE EXPENSE			
3	LICENSE OF VEHICLE		366	
4	STATIONERY & MATERIAL		2749	
5	TELEPHONE HELD		19300	
6	PAINTING - LBB		8552	
7	TRUCK -		94	
8	BRAND CHARTER		1113	
9	FUEL & MAINTENANCE		100	
10	REPAIRS SERVICE		7242	
11	VACATION HOLIDAY		171	
12				
13	TOTAL		39137	
14				
15				
16				
17				
18				
19				
20	SCABOUC	13, LINE 16		
21	OTHER DISBURSEMENT			
22	COUNT TRANSPORT		181	
23	AGENTS, BUS, FUEL		4375	
24	LOSS OF TIME		2357	
25	ALL CHARGES		1284	
26	PLANT EXPENSE		3377	
27	TRANSPORTATION - RALLY		209	
28	RALLY EXPENSE		559	
29				
30	TOTAL		12337	
31				
32				
33				
34				
35				
36				
37				
38				





**Hotel Employees & Restaurant Employees International Union, AFL-CIO**  
321 West 44th Street, 5th Floor, New York, NY, 10036 • Telephone: 212-541-4226 • Fax: 212-399-3005  
Henry J. Tamann, President

**To: Jeffrey A. Baddish, CPA**  
**From: Jamin R. Sewell**  
**Re: Pending litigation list (where Local 100 is the defendant)**  
**Date: 3/23/01**

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As per your request, this is an updated pending litigation memo.

*Met Opera v. Local 100.* 00 Civ. 3613. This litigation, in which the Union is being sued for defamation, is slowly moving forward. The injunction against the Union related to this case was recently vacated by the United States Court of Appeals for the 2<sup>nd</sup> Circuit. Our outside counsel have applied to the Court to have the \$10,000 find be reinstated.

*Killenry v. Local 100.* Discrimination Suit against Union by former organizer. Pending before NYC Commission on Human Rights. Union offered \$5,000 to settle approximately two years and six months ago. Plaintiff rejected offer. There has been no activity since.

*Stephenson & Hodge v. Local 100.* The expert reports on these cases find that the damages are in the range of \$488,267 - \$664,219 for Stephenson and \$650,000 and \$1,000,000 for Hodge. At this particular moment both cases have been dismissed, but may be reinstated.

*Mohamed B. Mohamed v. Café Des Artistes & Local 100.* 00 Civ. 6692. A former employee of Café Des Artistes is jointly and severally suing the Union and the employer for \$1,705,400 related to his termination. This case has no merit and I expect to defeat on a motion for summary judgment. My brief in this matter is due on April 2, 2001 and I expect the judge to rule within 2 months from that time.

